

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/070982**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51		I				
2							52		I				
3							53		I				
4							54	I					
5							55		I				
6							56	I					
7							57		I				
8							58		I				
9							59		I				
10							60		I				
11							61		I				
12							62	I					
13							63	I					
14							64	I					
15							65		I				
16							66	I					
17							67		I				
18							68	I					
19							69	I					
20							70		I				
21							71		I				
22							72		I				
23							73						
24							74						
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31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	13					
TOTAL DEP.							TOTAL DEP.	34					
TOTAL CLAIMS							TOTAL CLAIMS	47					